

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

608689

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|----------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 28 | minus 20 = * 8 |
| INDEPENDENT CLAIMS | 7 | minus 3 = * 4 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY | |
|--------------|--------|----------------------------|--------|
| RATE | Fee | RATE | |
| | 375.00 | | 750.00 |
| x\$11= | | x\$22= | 176 |
| x39= | | x78= | 312 |
| +125= | | +250= | |
| TOTAL | | TOTAL | 1238 |

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|--|---|---|---|------------------|---|
| | Total | * | Minus | ** | = |
| Independent | * | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY | |
|--------------|-------------------|----------------------------|-------------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| x\$11= | | x\$22= | |
| x39= | | x78= | |
| +125= | | +250= | |
| TOTAL | ADDIT. FEE | TOTAL | ADDIT. FEE |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|--|---|---|---|------------------|---|
| | Total | * | Minus | ** | = |
| Independent | * | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|--------|-------------------|--------|-------------------|
| x\$11= | | x\$22= | |
| x39= | | x78= | |
| +125= | | +250= | |
| TOTAL | ADDIT. FEE | TOTAL | ADDIT. FEE |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|--|---|---|---|------------------|---|
| | Total | * | Minus | ** | = |
| Independent | * | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|--------|-------------------|--------|-------------------|
| x\$11= | | x\$22= | |
| x39= | | x78= | |
| +125= | | +250= | |
| TOTAL | ADDIT. FEE | TOTAL | ADDIT. FEE |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/16/96

2 Serial/Patent # 08/608649

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|-----------------|----------|
| <input checked="" type="checkbox"/> Filing | | <u>03/29/96</u> | \$ 78.00 |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |

7 TOTAL AMOUNT OF REFUND \$ 78.00

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Credit Deposit A/C #:

, 05-0225

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Ruth Sydnor TITLE: LIB

SIGNATURE: Ruth Sydnor PHONE: 308-901

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Heda A. Connally DATE: 5/2/96

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B